

Fill in this information to identify your case:

Debtor 1	Jason D Hartman		
	First Name	Middle Name	Last Name
Debtor 2	Kimberly D Hartman		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	WESTERN DISTRICT OF VIRGINIA		
Case number:	18-60331		
(If known)			

☐ Check if this is an amended plan, and list below the sections of the plan that have been changed.

Official Form 113
Chapter 13 Plan

12/17

Part 1: Notices

To Debtor(s): This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances or that it is permissible in your judicial district. Plans that do not comply with local rules and judicial rulings may not be confirmable.

In the following notice to creditors, you must check each box that applies

To Creditors: Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court. The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed. See Bankruptcy Rule 3015. In addition, you may need to file a timely proof of claim in order to be paid under any plan.

The following matters may be of particular importance. **Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.**

1.1	A limit on the amount of a secured claim, set out in Section 3.2, which may result in a partial payment or no payment at all to the secured creditor	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Not Included
1.2	Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, set out in Section 3.4.	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Not Included
1.3	Nonstandard provisions, set out in Part 8.	<input checked="" type="checkbox"/> Included	<input type="checkbox"/> Not Included

Part 2: Plan Payments and Length of Plan

2.1 Debtor(s) will make regular payments to the trustee as follows:

\$923.08 per **Bi-Weekly** for **60** months

Insert additional lines if needed.

If fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors specified in this plan.

2.2 Regular payments to the trustee will be made from future income in the following manner.

Check all that apply:

- ☒ Debtor(s) will make payments pursuant to a payroll deduction order.
☐ Debtor(s) will make payments directly to the trustee.
☐ Other (specify method of payment):

2.3 Income tax refunds.

Check one.

- ☒ Debtor(s) will retain any income tax refunds received during the plan term.

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Kimberly D Hartman

- ☐ Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all income tax refunds received during the plan term.
- ☐ Debtor(s) will treat income refunds as follows:

2.4 Additional payments.

Check one.

- ☒ **None.** If "None" is checked, the rest of § 2.4 need not be completed or reproduced.

2.5 The total amount of estimated payments to the trustee provided for in §§ 2.1 and 2.4 is \$120,000.00.

Part 3: Treatment of Secured Claims

3.1 Maintenance of payments and cure of default, if any.

Check one.

- ☐ **None.** If "None" is checked, the rest of § 3.1 need not be completed or reproduced.
- ☒ The debtor(s) will maintain the current contractual installment payments on the secured claims listed below, with any changes required by the applicable contract and noticed in conformity with any applicable rules. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. Any existing arrearage on a listed claim will be paid in full through disbursements by the trustee, with interest, if any, at the rate stated. Unless otherwise ordered by the court, the amounts listed on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) control over any contrary amounts listed below as to the current installment payment and arrearage. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling. If relief from the automatic stay is ordered as to any item of collateral listed in this paragraph, then, unless otherwise ordered by the court, all payments under this paragraph as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by the plan. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of Creditor	Collateral	Current installment payment (including escrow)	Amount of arrearage (if any)	Interest rate on arrearage (if applicable)	Monthly payment on arrearage	Estimated total payments by trustee
Santander Consumer USA Inc.	2016 Toyota 4 Runner 26000 miles	\$782.00	Prepetition: \$2,500.00	0.00%	pro-rata	\$2,500.00

Disbursed by:

- ☐ Trustee
☒ Debtor(s)

Insert additional claims as needed.

3.2 Request for valuation of security, payment of fully secured claims, and modification of undersecured claims. Check one.

- ☒ **None.** If "None" is checked, the rest of § 3.2 need not be completed or reproduced.

3.3 Secured claims excluded from 11 U.S.C. § 506.

Check one.

- ☐ **None.** If "None" is checked, the rest of § 3.3 need not be completed or reproduced.
- ☒ The claims listed below were either:

- (1) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or
- (2) incurred within 1 year of the petition date and secured by a purchase money security interest in any other thing of value.

These claims will be paid in full under the plan with interest at the rate stated below. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. Unless otherwise ordered by the court, the claim amount stated on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) controls over any contrary amount listed below. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

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Name of Creditor	Collateral	Amount of claim	Interest rate	Monthly plan payment	Estimated total payments by trustee
Bedford County Treasurer	2016 Toyota 4 Runner 26000 miles	\$1,400.00	4.25%	regular payment of \$80.42 for 18 months	\$1,447.56
				Disbursed by: <input checked="" type="checkbox"/> Trustee <input type="checkbox"/> Debtor(s)	
Bedford County Treasurer	203 Manor Drive Forest, VA 24551 Bedford County	\$1,200.00	4.25%	regular payment of \$35.56 for 36 months	\$1,280.16
				Disbursed by: <input checked="" type="checkbox"/> Trustee <input type="checkbox"/> Debtor(s)	
Bonicha Dellinger	203 Manor Drive Forest, VA 24551 Bedford County	\$26,000.00	5.00%	regular payment of \$577.12 for 50 months	\$28,856.00
				Disbursed by: <input checked="" type="checkbox"/> Trustee <input type="checkbox"/> Debtor(s)	
KMD Properties	203 Manor Drive Forest, VA 24551 Bedford County	\$5,302.22	4.25%	regular payment of \$115.90 for 50 months	\$5,795.00
				Disbursed by: <input checked="" type="checkbox"/> Trustee <input type="checkbox"/> Debtor(s)	
W.S. Badcock Corporation	washer & dryer	\$1,800.00	4.25%	regular payment of \$39.35 for 50 months	\$1,967.50
				Disbursed by: <input checked="" type="checkbox"/> Trustee <input type="checkbox"/> Debtor(s)	

Insert additional claims as needed.

3.4 Lien avoidance.

Check one.

☒ **None.** If "None" is checked, the rest of § 3.4 need not be completed or reproduced.

3.5 Surrender of collateral.

Check one.

☐ **None.** If "None" is checked, the rest of § 3.5 need not be completed or reproduced.

☒ The debtor(s) elect to surrender to each creditor listed below the collateral that secures the creditor's claim. The debtor(s) request that upon confirmation of this plan the stay under 11 U.S.C. § 362(a) be terminated as to the collateral only and that the stay under § 1301 be terminated in all respects. Any allowed unsecured claim resulting from the disposition of the collateral will be treated in Part 5 below.

Name of Creditor	Collateral
Credit Acceptance	2012 Ford Fusion 55000 miles

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Insert additional claims as needed.

Part 4: Treatment of Fees and Priority Claims

4.1 General

Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in § 4.5, will be paid in full without postpetition interest.

4.2 Trustee's fees

Trustee's fees are governed by statute and may change during the course of the case but are estimated to be 10.00% of plan payments; and during the plan term, they are estimated to total \$12,000.00.

4.3 Attorney's fees.

The balance of the fees owed to the attorney for the debtor(s) is estimated to be \$4,050.00.

4.4 Priority claims other than attorney's fees and those treated in § 4.5.

Check one.

☐

None. If "None" is checked, the rest of § 4.4 need not be completed or reproduced.

☒

The debtor(s) estimate the total amount of other priority claims to be \$21,780.73

4.5 Domestic support obligations assigned or owed to a governmental unit and paid less than full amount.

Check one.

☒

None. If "None" is checked, the rest of § 4.5 need not be completed or reproduced.

Part 5: Treatment of Nonpriority Unsecured Claims

5.1 Nonpriority unsecured claims not separately classified.

Allowed nonpriority unsecured claims that are not separately classified will be paid, pro rata. If more than one option is checked, the option providing the largest payment will be effective. *Check all that apply.*

☐

The sum of \$ _____.

☒

10 % of the total amount of these claims, an estimated payment of \$ 35,974.00.

☒

The funds remaining after disbursements have been made to all other creditors provided for in this plan.

If the estate of the debtor(s) were liquidated under chapter 7, nonpriority unsecured claims would be paid approximately \$33,650.91. Regardless of the options checked above, payments on allowed nonpriority unsecured claims will be made in at least this amount.

5.2 Maintenance of payments and cure of any default on nonpriority unsecured claims. Check one.

☒

None. If "None" is checked, the rest of § 5.2 need not be completed or reproduced.

5.3 Other separately classified nonpriority unsecured claims. Check one.

☐

None. If "None" is checked, the rest of § 5.3 need not be completed or reproduced.

☒

The nonpriority unsecured allowed claims listed below are separately classified and will be treated as follows

Name of Creditor	Basis for separate classification and treatment	Amount to be paid on the claim	Interest rate (if applicable)	Estimated total amount of payments
Associated Credit Services	joint debt to be paid by the chapter 13 Trustee	\$652.43	0.00%	\$652.43
Associated Credit Services	joint debt to be paid by the chapter 13 Trustee	\$546.50	0.00%	\$546.50
Convergent Outsourcing, Inc	joint debt to be paid by the chapter 13 Trustee	\$693.83	0.00%	\$693.83

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Kimberly D Hartman

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Name of Creditor	Basis for separate classification and treatment	Amount to be paid on the claim	Interest rate (if applicable)	Estimated total amount of payments
Freedom First Federal	joint debt to be paid by the chapter 13 Trustee	\$1,514.00	0.00%	\$1,514.00

Insert additional claims as needed.

Part 6: Executory Contracts and Unexpired Leases

6.1 The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. *Check one.*

☐

None. If "None" is checked, the rest of § 6.1 need not be completed or reproduced.

☒

Assumed items. Current installment payments will be disbursed either by the trustee or directly by the debtor(s), as specified below, subject to any contrary court order or rule. Arrearage payments will be disbursed by the trustee. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of Creditor	Description of leased property or executory contract	Current installment payment	Amount of arrearage to be paid	Treatment of arrearage (Refer to other plan section if applicable)	Estimated total payments to trustee
Cherokee Rentals	storage unit	\$162.04	\$942.67	pro-rata	\$942.67

Disbursed by:

☐ Trustee

☒ Debtor(s)

Insert additional contracts or leases as needed.

Part 7: Vesting of Property of the Estate

7.1 Property of the estate will vest in the debtor(s) upon

Check the applicable box:

☒

plan confirmation.

☐

entry of discharge.

☐

other: _____

Part 8: Nonstandard Plan Provisions

8.1 Check "None" or List Nonstandard Plan Provisions

☐

None. If "None" is checked, the rest of Part 8 need not be completed or reproduced.

Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Official Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective.

The following plan provisions will be effective only if there is a check in the box "Included" in § 1.3.

(a). Additional Adequate Protection:

Adequate Protection also consists of the following in this case:

Unless otherwise provided herein, the monthly payment amounts listed in Parts 3.2 and 3.3 of the this Chapter 13 Plan will be paid as adequate protection beginning prior to confirmation to the holders of allowed secured claims.

Insurance will be maintained on all vehicles securing claims to be paid by the Trustee.

(b). Attorneys Fees

Attorneys Fees noted in Part 4.3 shall be approved on the confirmation date unless previously objected to. Said allowed fees shall be paid by the Trustee prior to the commencement of payments required to be made by the Trustee under Part 3, 4, 5 and 6 herein, except adequate protection payments, ongoing mortgage payments or regular payments to be paid by the

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Trustee

(c). Date Debtors to resume regular direct payments to Creditors that are being paid arrearages by the trustee under Part 3.1).

Creditor
Santander Consumer USA Inc.
Cherokee Rentals

Month Debtor to resume regular direct payments
March 2018
March 2018

#####ATTENTION ALL SECURED CREDITORS LISTED IN PART 3.1 #####:
PLEASE TAKE NOTICE THAT THE DEBTOR INTENDS TO CONTINUE TO MAKE REGULAR PAYMENTS ON YOUR SECURED DEBT. ACCORDINGLY, YOU, THE SECURED CREDITOR REFERENCED ABOVE IN PART 3.1 , SHALL SEND MONTHLY MORTGAGE/AUTOMOBILE STATEMENTS CONSISTENT WITH YOUR PREPETITION PRACTICE. SENDING SUCH STATEMENTS SHALL NOT BE CONSIDERED BY THE DEBTORS TO BE A VIOLATION OF THE AUTOMATIC STAY.

******* ATTENTION, CREDITORS LISTED IN PART 3.5.*******
THE PROPERTY SECURED BY YOUR LOAN IS BEING SURRENDERED. A DEFICIENCY CLAIM MUST BE FILED WITHIN 180 DAYS OF CONFIRMATION OR THE ENTRY OF AN ORDER LIFTING THE STAY, WHICHEVER OCCURS FIRST. IF A DEFICIENCY CLAIM HAS NOT BEEN FILED WITHIN THIS TIME PERIOD, YOUR DEFICIENCY CLAIM WILL BE DISALLOWED. IF YOU FILE A DEFICIENCY CLAIM, YOU MUST ALSO PROVIDE PROOF THAT THE PROPERTY SURRENDERED WAS LIQUIDATED IN ACCORDANCE WITH STATE LAW.

Treatment and Payment of Claims.

- All creditors must timely file a proof of claim to receive payment from the Trustee.
- If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.
- If a claim is listed in the plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.
- The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.

Part 9: Signature(s):

9.1 Signatures of Debtor(s) and Debtor(s)' Attorney

If the Debtor(s) do not have an attorney, the Debtor(s) must sign below, otherwise the Debtor(s) signatures are optional. The attorney for Debtor(s), if any, must sign below.

X /s/ Jason D Hartman
Jason D Hartman
Signature of Debtor 1

X /s/ Kimberly D Hartman
Kimberly D Hartman
Signature of Debtor 2

Executed on **February 23, 2018**

Executed on **February 23, 2018**

X /s/ Stephen E. Dunn
Stephen E. Dunn 26355
Signature of Attorney for Debtor(s)

Date **February 23, 2018**

By filing this document, the Debtor(s), if not represented by an attorney, or the Attorney for Debtor(s) also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in Official Form 113, other than any nonstandard provisions included in Part 8.

Debtor **Jason D Hartman**
Kimberly D HartmanCase number **18-60331****Exhibit: Total Amount of Estimated Trustee Payments**

The following are the estimated payments that the plan requires the trustee to disburse. If there is any difference between the amounts set out below and the actual plan terms, the plan terms control.

a. Maintenance and cure payments on secured claims <i>(Part 3, Section 3.1 total)</i>	\$2,500.00
b. Modified secured claims <i>(Part 3, Section 3.2 total)</i>	\$0.00
c. Secured claims excluded from 11 U.S.C. § 506 <i>(Part 3, Section 3.3 total)</i>	\$39,345.84
d. Judicial liens or security interests partially avoided <i>(Part 3, Section 3.4 total)</i>	\$0.00
e. Fees and priority claims <i>(Part 4 total)</i>	\$37,830.73
f. Nonpriority unsecured claims <i>(Part 5, Section 5.1, highest stated amount)</i>	\$35,974.00
g. Maintenance and cure payments on unsecured claims <i>(Part 5, Section 5.2 total)</i>	\$0.00
h. Separately classified unsecured claims <i>(Part 5, Section 5.3 total)</i>	\$3,406.76
i. Trustee payments on executory contracts and unexpired leases <i>(Part 6, Section 6.1 total)</i>	\$0.00
j. Nonstandard payments <i>(Part 8, total)</i>	\$0.00
+	
Total of lines a through j	\$119,057.33

Fill in this information to identify your case:

Debtor 1 Jason D HartmanDebtor 2 Kimberly D Hartman
(Spouse, if filing)United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIACase number 18-60331
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY**Official Form 106I****Schedule I: Your Income**

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status**Debtor 1**

- ☒ Employed
- ☐ Not employed

OccupationParamedic**Employer's name**Centra Health**Employer's address**PO Box 2496
Lynchburg, VA 24505**Debtor 2 or non-filing spouse**

- ☒ Employed
- ☐ Not employed

ManagerCentra HealthPO Box 2496
Lynchburg, VA 24505**How long employed there?** 2/5/184 years**Part 2: Give Details About Monthly Income**

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

		For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$	<u>2,676.55</u>	<u>7,372.30</u>
3. Estimate and list monthly overtime pay.	3. +\$	<u>0.00</u>	<u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$	<u>2,676.55</u>	<u>7,372.30</u>

Debtor 1 **Jason D Hartman**
 Debtor 2 **Kimberly D Hartman**

Case number (if known) **18-60331**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 2,676.55	\$ 7,372.30
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 377.11	\$ 1,290.19
5b. Mandatory contributions for retirement plans	5b. \$ 0.00	\$ 0.00
5c. Voluntary contributions for retirement plans	5c. \$ 355.33	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 967.76
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: 401k Loan (balance \$376.57) 14 months	5h. \$ 0.00	\$ 29.99
401k Loan (balance \$1295.72) 31 months	\$ 0.00	\$ 44.74
united way	\$ 0.00	\$ 43.33
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 732.44	\$ 2,376.01
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 1,944.11	\$ 4,996.29
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify:	8h. \$ 0.00	\$ 0.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 1,944.11	\$ 4,996.29
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 6,940.40 Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain:		

Fill in this information to identify your case:

Debtor 1 Jason D Hartman

Debtor 2 Kimberly D Hartman
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA

Case number 18-60331
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.☒ Yes. Does Debtor 2 live in a separate household?☒ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

8

☐ No☒ Yes☐ No☐ Yes☐ No☐ Yes☐ No☐ Yes3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 45.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 190.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 150.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

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 Debtor 2 **Kimberly D Hartman**

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6. Utilities:	
6a. Electricity, heat, natural gas	6a. \$ <u>250.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>100.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>350.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. Food and housekeeping supplies	7. \$ <u>750.00</u>
8. Childcare and children's education costs	8. \$ <u>0.00</u>
9. Clothing, laundry, and dry cleaning	9. \$ <u>125.00</u>
10. Personal care products and services	10. \$ <u>125.00</u>
11. Medical and dental expenses	11. \$ <u>100.00</u>
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>375.00</u>
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ <u>100.00</u>
14. Charitable contributions and religious donations	14. \$ <u>0.00</u>
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>120.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: PPT	16. \$ <u>35.00</u>
17. Installment or lease payments:	
17a. Car payments for Vehicle 1	17a. \$ <u>782.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: storage unit	17c. \$ <u>162.04</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ <u>0.00</u>
19. Other payments you make to support others who do not live with you. Specify: _____	19. \$ <u>0.00</u>
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. Other: Specify: Emergency Funds	21. +\$ <u>150.00</u>
22. Calculate your monthly expenses	
22a. Add lines 4 through 21.	\$ <u>4,009.04</u>
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ _____
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ <u>4,009.04</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ <u>6,940.40</u>
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>4,009.04</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>2,931.36</u>
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain here: _____	

AC AUTOPAY
1147 N BROADWAY STE 100
DENVER, CO 80203

CAPITAL MANAGEMENT SERVICES, LP
698 1/2 S OGDEN STREET
FOR VERIZON
BUFFALO, NY 14206

CONVERGENT OUTSOURCING, IN
PO BOX 1280
OAKS, PA 19456

ACCOUNT RECOVERY SERVICES
ATTN: BANKRUPTCY
3031 N 114TH ST
MILWALKEE, WI 53222

CAPITAL ONE
ATTN: GENERAL CORRESPONDENCE/BANKRUPTCY
PO BOX 30285
SALT LAKE CITY, UT 84130

CREDIT ACCEPTANCE
SIOBREN A ROBERTS, CEO
25505 WEST 12 MILE RD, SUITE 30
SOUTHFIELD, MI 48034

AFNI
FOR COX COMMUNICATIONS
PO BOX 3517
BLOOMINGTON, IL 61702

CARILION CLINIC
PO BOX 824579
PHILADELPHIA, PA 19182-4579

CREDIT ONE BANK NA
PO BOX 98873
LAS VEGAS, NV 89193

ALLIANCEONE RECEIVABLES
POB 3111
SOUTHEASTERN, PA 19398

CENTRA
PO BOX 79940
BALTIMORE, MD 21279-0940

CREDITORS COLLECTION SERVIC
PO BOX 21504
ROANOKE, VA 24018

AMER FST FIN
7330 W. 33RD STREET
WICHITA, KS 67205

CENTRA HEALTH
PO BOX 2496
LYNCHBURG, VA 24505

DEPT OF ED/NAVIENT
ATTN: CLAIMS DEPT
P.O. BOX 9635
WILKES BARR, PA 18773

AMERICAN MEDICAL COLLECTION
PO BOX 1235
ELMSFORD, NY 10523

CENTRA MEDICAL GROUP
ATTN: 5470C
PO BOX 14000
BELFAST, ME 04915

DISH NETWORK
P.O. BOX 7203
PASADENA, CA 91109

ASSOCIATED CREDIT SERVICES
PO BOX 5171
WESTBOROUGH, MA 01581-5171

CENTRAL CREDIT SERVICE
550 N REGENCY SQUARE BLV
JACKSONVILLE, FL 32225

DJO, LLC
PO BOX 660117
DALLAS, TX 75266-0117

BADCOCK HOME FURNITURE
100 ATLANTA AVE
LYNCHBURG, VA 24502

CHEROKEE RENTALS
PO BOX 120
WOODLEAF, NC 27054

EASYPAY/DVRA
2701 LOKER AV WEST
CARLSBAD, CA 92008

BEDFORD COUNTY TREASURER
C/O REBECCA JONES, TREASURER
122 E. MAIN ST SUITE 101
BEDFORD, VA 24523

CNAC - VA102
3141 PETERS CREEK RD NW
ROANOKE, VA 24019

EOS CCA
700 LONGWATER DR
NORWELL, MA 02061

BONICHA DELLINGER
429 COLLINGTON DR
LYNCHBURG, VA 24502

CONVERGENT OUTSOURCING, INC
PO BOX 9004
RENTON, WA 98057

FEDLOAN SERVICING
ATTENTION: BANKRUPTCY
PO BOX 69184
HARRISBURG, PA 17106

FMA ALLIANCE, LTD.
PO BOX 2409
FOR QVC
HOUSTON, TX 77252-2409

LAB CORP
PO BOX 2240
BURLINGTON, NC 27216

ROANOKE CITY TREASURER
PO BOX 1451
ROANOKE, VA 24007

FOCUSED RECOVERY SOLUTIONS
9701-METROPOLITAN CT
STE B
RICHMOND, VA 23236

LINCARE, INC.
P.O. BOX 105760
ATLANTA, GA 30348

SANTANDER CONSUMER USA
PO BOX 961245
FORT WORTH, TX 76161

FREEDOM FIRST FEDERAL
5240 VALLEYPARK DR
ROANOKE, VA 24019

MED DATA SYSTEMS
ATTN BANKRUPTCY
2001 9TH AVE STE 312
VERO BEACH, FL 32960

SANTANDER CONSUMER USA IN
REG AGENT: CT CORPORATION S
4701 COX RD, SUITE 285
GLEN ALLEN, VA 23060

FRONTLINE ASSET STRATEGIES
2700 SNELLING AVE N, STE. 250
SAINT PAUL, MN 55113

NAVIENT
ATTN: BANKRUPTCY
PO BOX 9500
WILKES-BARRE, PA 18773

SCA CREDIT SERVICES
1502 WILLIAMSON ROAD
ROANOKE, VA 24012

GENERAL REVENUE CORP
4660 DUKE DRIVE
MASON, OH 45040

NPAS
FOR GRAND STRAND REGIONAL CENTER
PO BOX 99008
BEDFORD, TX 76095

STONELEIGH RECOVERY ASSOQL
PO BOX 1479
CAPITAL ONE
LOMBARD, IL 60148-8441

GLOBAL PAYMENTS CHECK
PO BOX 59371
CHICAGO, IL 60659

PETOPIA, LLC
7917 TIMBERLAKE ROAD
LYNCHBURG, VA 24502

SUNRISE CREDIT SERVICE
260 AIRPORT PLAZA
FARMINGDALE, NY 11735

GRAND STRAND REGIONAL MEDICAL CENTER
PO BOX 740766
CINCINNATI, OH 45274-0766

PHYSICIANS TREATMENT CENTER
PO BOX 14000
ATTN 1350C
BELFAST, ME 04915

SUNRISE CREDIT SERVICES, INC
FOR AT&T MOBILITY
PO BOX 9100
FARMINGDALE, NY 11735-9100

HRRG
FOR EMERGENCY COVERAGE CORP
PO BOX 5406
CINCINNATI, OH 45273

PORTFOLIO RECOVERY
PO BOX 41067
NORFOLK, VA 23541

THE BUREAUS INC
650 DUNDEE RD
SUITE 370
NORTHBROOK, IL 60062

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA, PA 19101-7346

QUEST DIAGNOSTICS
PO BOX 7306
HOLLISTER, MO 65673

TOTAL CARD, INC
PO BOX 89725
FOR HSBC BANK
SIOUX FALLS, SD 57109

KMD PROPERTIES
PO BOX 10806
LYNCHBURG, VA 24506

RECEIVABLES PERFORMANCE MGMT
ATTN: BANKRUPTCY FOR DIRECTV
PO BOX 1548
LYNNWOOD, WA 98036

UCI MEDICAL
PO BOX 63418
CHARLOTTE, NC 28263

US CELLULAR

DEPT 0205

PALATINE, IL 60055-0205

VERIZON

ATTN: WIRELESS BANKRUPTCY ADMIN

500 TECHNOLOGY DR STE 500

WELDON SPRINGS, MO 63304

VIRGINIA DEPARTMENT OF TAXATION

PO BOX 2156

RICHMOND, VA 23219

W.S. BADCOCK CORPORATION

C/O CT CORPORATION SYSTEM

4701 COX ROAD, SUITE 285

GLEN ALLEN, VA 23060